

<b>Records Transfer and Receipt</b>			<b>Complete and send this form to the appropriate Federal Records Center. 36 CFR 1228.160 (e) requires a separate SF 135 for each individual records series being transferred.</b>						
1. TO: (Complete the address for the records center serving your area as shown in CFR 1228.160(f))  <b>FEDERAL RECORDS CENTER</b>				5. FROM (enter name and complete mailing address of the office transferring the record):  <div style="border: 1px dashed black; height: 150px; width: 100%;"></div>					
2. AGENCY TRANSFER AUTHORIZATION: (title, signature and date, if required by your agency):									
3. AGENCY CONTACT INFORMATION: (name, office and commercial telephone no):									
4. AGENCY CONTACT EMAIL ADDRESS (please print clearly):				6. STRATIFIED CODE (if applicable):					
INFORMATION ABOUT THE RECORDS:									
7. TRANSFER NUMBER			8. VOLUME	9. DISPOSITION AUTHORITY	10. DISPOSITION DATE	11. FREEZE CODES	12. RESTRICTIONS		
a. RG	b. FY	c. NUMBER	(Cubic Feet)	(schedule and item)	(MM/YYYY)	(if applicable)	a. Security Classification: T, S, or C	b. RD or FRD (see Instructions)	c. Access Restriction
13 A. AGENCY BOX NUMBERS	13 B. SERIES DESCRIPTION (include the closing or ending date for the records)						Records Center use only:		
If these are unscheduled records, please provide the date you notified NARA in writing: _____									
COMPLETED BY RECORDS CENTER PERSONNEL:									
14. LOCATION:			15. SHELF PLAN:		17. RECORDS CENTER RECEIPT: Records Received by (Signature and Date)				
			16. CONTAINER TYPE:						
Standard Form 135 (Rev 03-05) Prescribed by NARA 36 CFR 1228.160(d)									